

# MISSISSIPPI DIVISION OF MEDICAID

## Eligibility Policy and Procedures Manual

### CHAPTER 101 – Application and Redetermination Processes

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#### 101.11.07D DISPOSITION

##### ❖ Aged, Blind and Disabled Programs

##### Approval of Continued Benefits

When the client has complied with all redetermination requirements and provides required verifications, the specialist will review the eligibility criteria; ensure appropriate documentation is filed in the case record and input the data into MEDS for an eligibility decision. All redeterminations are submitted for supervisory review and authorization. When eligibility will continue at the same level, a new review due date is established and an approval notice issued to the recipient when benefits are authorized.

##### Reduction or Termination of Benefits

Advance notice of adverse action is required, if the eligibility decision results in

- Termination of benefits;
- Conversion to a reduced services coverage group;
- Increase in the amount of patient liability
- Termination of a nursing facility vendor payment.

During the advance notice period, the recipient is allowed time to fully comply with unmet redetermination requirements, provide information or verification that will alter the decision to terminate or reduce benefits, or request a Fair Hearing with continued benefits.

MEDS is not programmed for the case to remain open during the adverse action period; however, eligibility staff must treat the case as if it is open until the period has ended. During this period if the client subsequently complies with all redetermination requirements or provides information which changes the negative action, eligibility must be re-processed. If the client requests a hearing, with continued benefits, the case must be promptly reinstated.

Specialists must take prompt action on the information provided during the advance notice period. Timely action must be taken to prevent a break in coverage, whether the client takes action within the first few days of the adverse action period or on the final day.

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#### **Reduction or Termination of Benefits (Continued)**

**Example:** The recipient did not provide income verification needed for the May redetermination. The closure is authorized on May 10<sup>th</sup> and advance notice is mailed to the client advising that eligibility will terminate effective May 31<sup>st</sup>. On May 18<sup>th</sup>, within the advance notice period, the verification is received in the office. The specialist takes action to process the case as a reinstatement and determines eligibility using the current income. The supervisor then reviews the action and authorizes the eligibility decision. Appropriate notice is issued to the client and there is no break in coverage.

#### **101.11.07E COMPLIANCE AFTER CLOSURE**

When the ABD client fully complies with redetermination requirements after closure, a reapplication is not required if the following is met:

- The case has been closed for 2 months or less at the time of full compliance.

**Example:** The ABD recipient did not comply with review requirements for a May redetermination. The closure is authorized on May 10<sup>th</sup> effective May 31<sup>st</sup>. If the client fully complies by July 31<sup>st</sup>, eligibility can be determined using the reinstatement process. After July 31<sup>st</sup>, a reapplication must be filed.

The specialist is responsible for taking action within 48 hours of full compliance to register the reinstatement in MEDS. If the reason for closure is failure to provide requested information, the case will be processed using the most recently completed application form. There is no requirement to re-interview the recipient, if applicable, or obtain an updated signature on the application form. If redetermination requirements are not fully met during the 2-month timeframe, a reapplication is required.

#### **Partial Compliance After Closure**

If the recipient partially complies with redetermination requirements after case closure, a telephone contact will be attempted to inform the recipient of the action or information still needed. All efforts to contact the client must be documented in the case.